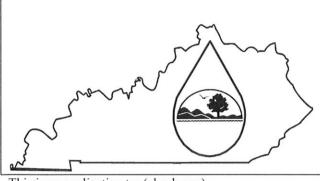
US ERA ARCHIVE DOCUMENT

KPDES FORM 1



KENTUCKY POLLUTANT DISCHARGE **ELIMINATION SYSTEM**

PERMIT APPLICATION

Facility Site Longitude (degrees, minutes, seconds):

This is an application to: (check or	A complete application consists of this form and one of the							
Apply for a new permit.	following: Form A, Form B, Form C, Form F, or Form SC							
Apply for reissuance of expi		Form A, Form B,	Form C,	Form F, o	r Form SC			
Apply for a construction per Modify an existing permit.	mit.	F14!4!1!-	C					
	1 7 17 4	For additional in			:			
Give reason for modification	n under Item II.A.	KPDES Branch	(502) 564	-3410				
I. FACILITY LOCATION AND	AGENCY USE							
A. Name of Business, Municipality FCDC Coal, Inc.	, Company, Etc. Requesting Perm	nit						
B. Facility Name and Location	C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.							
Facility Location Name:		Facility Contact Na						
Spurlock Plant		D. Edward Brown,	Vice Presid	lent				
Facility Location Address (i.e. street, road,	etc., not P.O. Box):	Mailing Address:						
Spurlock Creek		P.O. Box 1200						
Facility Location City, State, Zip Code:		Mailing City, State	, Zip Code:					
Printer, Kentucky 41655		Robinson Creek, K	entucky 415	560				
D. Owner's name (if not the same as in par	rt A and C):	Facility Contact Te						
300								
Owner's Mailing Address:		606-639-9675 Owner's Telephone Number (if different):						
Owner's Manning Address.	859-543-0515							
		1	a Vasculianos				10/20/2015	
II. FACILITY DESCRIPTION								
A. Provide a brief description of	activities products star This min	or raviaion annlica	nt nrono	an to incl	uda aff nar	mit di	otuuls os	
	Ponds 17, 18, and 19 and the area							
	for road 17, the as-built certifications for roads 1, 4 and 9, to include the MSHA plans for Stage 3A construction of the existing refuse fill. Ponds #11 and pond #13 will be deleted. Pond #13 will remain in place until Pond #14 is constructed once mining							
	a pond #13, 18 and 19 will take ca							
	also redesignates 1.80 acres of M				IIIS TEVISIO	ii aiso	ириан	s all
B. Standard Industrial Classification		ining to Storage/ I	oading at	ca.	G 20 CA C 20 C G 20 C	Si ashua	NUMBER OF	
Principal SIC Code &	on (SIC) Code and Description							F.A.
	2121 MINING							
Description.	ZIZI WIINING							
Other SIC Codes:								
III. FACILITY LOCATION								
A. Attach a U.S. Geological Surve	y 7 ½ minute quadrangle map for	the site. (See instr	uctions)					
B. County where facility is located	1:	City where facility is located (if applicable):						
Floyd County		Printer, KY						
C. Body of water receiving dischar								***********
Spurlock Creek of the Left Fork of Beaver Creek								

82° 43' 30"

N/A

- 1 -

Topographic Map

E. Method used to obtain latitude & longitude (see instructions):

D. Facility Site Latitude (degrees, minutes, seconds):

37° 31' 25"

IV. OWNER/OPERATOR INFORMAT	TION				
A. Type of Ownership: ☐ Publicly Owned ☒ Privately Own	ned State Owned	Both Public and Pri	vate Owned Federally owned		
B. Operator Contact Information (See inst			vale owned Tederany owned		
Name of Treatment Plant Operator: Blackhawk Mining, LLC		Telephone Number: 606-285-3307			
Operator Mailing Address (Street): P.O. Box 1200					
Operator Mailing Address (City, State, Zip Code):					
Robinson Creek, Kentucky 41560 Is the operator also the owner?		Is the operator certified?	If yes, list certification class and number below.		
Yes No		Yes No			
Certification Class:		Certification Number:			
V. EXISTING ENVIRONMENTAL PE	RMITS				
Current NPDES Number:	Issue Date of Current Perr	nit:	Expiration Date of Current Permit:		
Number of Times Permit Reissued:	Date of Original Permit Issuance:		Sludge Disposal Permit Number:		
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit	Number(s):			
	836-8068 R15				
Which of the following additional environment	mental permit/registratio	on categories will also	apply to this facility?		
CATEGORY	EXISTING PER	RMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE		
Air Emission Source	N/A				
Solid or Special Waste	N/A				
Hazardous Waste - Registration or Permit	N/A				
VI. DISCHARGE MONITORING REP	ORTS (DMRs)				
	s to specifically identify	the name and telepho	regular schedule (as defined by the KPDES one number of the DMR official and the DMR		
A. DMR Official (i.e., the department,					
designated as responsible for submitti Division of Water):	ing DIVIR forms to the	Turner Technology, Inc.			
DMR Official Telephone Number:		606-886-9143			
B. DMR Mailing Address: • Address the Division of Water wi • Contact address if another individ			nailing address in Section I.C), or Rs for you; e.g., contract laboratory address.		
DMR Mailing Name:	Turner Technology, Inc.				
DMR Mailing Address:	248 W Court Streek				
DMR Mailing City, State, Zip Code:	Prestonsburg, Kentuck	xy 41653			

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- 1						1011	rii	ALT T	P P.P.

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:	
Surface Mining Operation	\$660.00	

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):		
Mr. Ms. D. Edward Brown, Vice President	859-543-0515		
SIGNATURE	DATE:		
Esco Non	4-14-2011		

Return completed application form and attachments to: KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.